

Major Donor and Independent Expenditure Committee Campaign Statement

(Government Code Sections 84200-84216.5)

MAJOR DONOR AND INDEPENDENT EXPENDITURE
COMMITTEE STATEMENT

Type or print in ink.

☐ Amendment

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	Date of election if applicable: (Month, Day, Year) _____	Date Stamp	CALIFORNIA FORM 461
			1/3
			For Official Use Only

1. Name and Address Of Filer

NAME OF FILER

(Include name(s) of all affiliated entities whose contributions are included in this statement.)

CALIFORNIA EMERGENCY PHYSICIANS

MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Emeryville CA 94608

RESPONSIBLE OFFICER

(If filer is other than an individual)

Janice Shieh

AREA CODE/DAYTIME PHONE

2. Nature and Interests of Filer (Complete each applicable section.)

☐ A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS

BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

☒ A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

Emergency medicine

☐ A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

☐ A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

- Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 54450.00
- Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0.00
- Total expenditures and contributions made this period. (Add Lines 1 + 2.) **SUBTOTAL** \$ 54450.00
- Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ 28035.00
- Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.).....**TOTAL** \$ 82485.00

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/20/2010
DATE

By Janice Shieh
SIGNATURE OF INDIVIDUAL DONOR OR
RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

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MAJOR DONOR COMMITTEE STATEMENT

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CALIFORNIA EMERGENCY PHYSICIANS

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
07/07/2009	American College of Emergency Physician State Sacramento CA 95814 ID: 490004 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Chapter of Initiative Fund	American College of Emergency Physician State NO: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	9975.00	\$ 79485.00 Other \$
08/03/2009	American College of Emergency Physician State Sacramento CA 95814 ID: 490004 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Chapter of Initiative Fund	American College of Emergency Physician State NO: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	9975.00	\$ 79485.00 Other \$
09/01/2009	American College of Emergency Physician State Sacramento CA 95814 ID: 490004 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Chapter of Initiative Fund	American College of Emergency Physician State NO: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	9975.00	\$ 79485.00 Other \$
10/01/2009	American College of Emergency Physician State Sacramento CA 95814 ID: 490004 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Chapter of Initiative Fund	American College of Emergency Physician State NO: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	9975.00	\$ 79485.00 Other \$
SUBTOTAL \$						

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(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
11/02/2009	American College of Emergency Physician State Chapter Sacramento CA 95814 ID: 490004 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	State Chapter of Initiative Fund	American College of Emergency Physician State Chapter NO: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	9075.00	\$ 79485.00 Other \$
12/01/2009	American College of Emergency Physician State Chapter Sacramento CA 95814 ID: 490004 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	State Chapter of Initiative Fund	American College of Emergency Physician State Chapter NO: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	9075.00	\$ 79485.00 Other \$

SUBTOTAL \$ 54450.00

FPPC Form 461 (8/99)
For Technical Assistance: 916/322-5660